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ABSTRACT

Developed by the Academic Senate of the California Community Colleges, this document presents a set of universal standards of practice for all community college counseling programs in the state. Following an introduction, presenting background information on the development of the standards, the standards are presented in the following six areas: (1) core functions, including academic counseling, career counseling, personal counseling, crisis intervention, multicultural counseling, outreach, consultation and advocacy, program review and research, and training and professional development; (2) ethical standards, based on the American Counseling Association's (ACA's) guidelines related to the counseling relationship, confidentiality, professional responsibility, relationships with other professionals, evaluation and interpretation of results, training and supervision, research and publication, and resolving ethical issues; (3) organization and administration, including qualifications of the counseling administrator and the organization and scheduling of counseling services; (4) human resources, addressing minimum qualifications of counseling faculty, the number of faculty, and issues related to support staff; (5) physical facilities, including the need for sound-proofed offices and information resources; and (6) incorporating new technologies. The ACA's 1995 Code of Ethics and Standard of Practice is appended. (BCY)

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Standards of Practice for California Community College Counseling Programs

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Standards of Practice for California Community College Counseling Programs

The Academic Senate for California Community Colleges

Adopted Spring 1997

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Introduction

Since their inception in mid-century, counseling programs in the California community colleges have played a key role in helping students succeed. Over the years, the functions counseling departments perform have increased significantly, while the pressure to serve more students in cost-effective ways has grown as well. As a result, the question has arisen as to what roles counseling faculty should play in the delivery of services to students. To clarify these roles, the Academic Senate for the California Community Colleges developed a policy paper, The Role of Counseling Faculty in the California Community Colleges, which was adopted at its Spring 1995 Plenary Session.

While the "Role Paper" described the range of activities of counseling faculty, it did not set out standards for how those roles were to be performed. Specific standards for counseling services have appeared piecemeal as Education Code sections, accreditation guidelines, and ethics statements; but nowhere had these standards been collected, reviewed, and presented systematically to the community college counseling field. This policy paper begins where the "Role Paper" ended, by addressing the issue of standards of practice for California community college counseling.

This paper asserts that there should be a set of universal standards of practice for all community college counseling programs, regardless of institutional or departmental size or fiscal constraints. These standards are set out in six areas:

A. Core Functions;
B. Ethical Standards;
C. Organization and Administration;
D. Human Resources;
E. Physical Facilities; and
F. New Technologies.

These standards have been developed by counseling and other faculty through review of current practice, policy, and legislation; study of national standards for the counseling discipline; and projection of needs for future practice. They are designed to be specific enough to be meaningful, yet general enough to allow flexibility in meeting local needs and constraints. They should be used in the design, development, and review of counseling department policies and practices.

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CORE FUNCTIONS

To accomplish their mission in providing essential support to community college students, counseling programs perform a set of core functions through individual and group interactions including instruction. While differences in student populations and institutional priorities may affect the degree of emphases of functions within individual counseling programs, nevertheless, these functions are so fundamental to the mission of community college counseling that every program, whether general, categorical, or aimed at specific populations, should perform them. These functions are derived from The California Education Code and from materials from the American Counseling Association.

1) Academic counseling, in which the student is assisted in assessing, planning and implementing his or her immediate and long-range academic goals.

2) Career counseling, in which the student is assisted in assessing his or her aptitudes, abilities, and interests, and is advised concerning current and future employment trends.

3) Personal counseling, in which the student is assisted with personal, family or other social concerns, when that assistance is related to the student's education.

4) Crisis intervention, either directly or through cooperative arrangements with other resources on campus or in the community.

5) Multicultural counseling, in which students are counseled with a respect for their origins and cultural values.

6) Outreach to students and community to encourage them to avail themselves of services, focused on maximizing all students' potential to benefit from the academic experience.

7) Consultation to the college governance process and liaison to the college community to make the environment as beneficial to the intellectual, emotional, and physical development of students as possible.

8) Research and review of counseling programs and services with the goal of improving their effectiveness.

9) Training and professional development for counseling staff, interns, and others in the college community.

A detailed review of each function and its related standards follows. Although the first three core functions--academic, career, and personal counseling--are described below as separate and distinct functions, in practice they are often inextricably related. Community college counseling

programs should recognize the student as a whole and complex human being with concerns a issues that are not completely distinct or separate; academic issues intertwine with career issu and with personal life-coping issues. In any given counseling session, counseling faculty shou be prepared to provide the combination of services that addresses the student's particular needs in an integrated fashion.

Academic Counseling

1) Counseling services should include assessment of students' academic abilities, disabilities, strengths and weaknesses; help in clarifying academic goals and selecting a major; educational planning for transfer, associate degrees and certificate programs; referral to other support services when indicated; intervention when students' academic performance is at risk; and follow-up (e.g. academic mentoring, early alert processes, and probation counseling).

2) Counseling faculty should ensure that their knowledge of the nature and requirements of the various disciplines offered at their college is accurate and current by establishing strong links with other faculty, in order to effectively provide educational planning services for transfer, associate degree, and certificate programs.

3) Counseling services should include assisting students in transitioning to college through pre-enrollment advising during high school, and through re-entry and community outreach.

4) Counseling services should include assisting students in transitioning to university through such programs as transfer workshops, university application workshops, university representative visitations, and "college day" events. These transfer services should be offered through regular counseling departmental activities as well as through transfer centers. It is important that transfer counseling be an integral part of the counseling program services and not relegated solely to a transfer center on each college campus.

5) Counseling programs should work closely with articulation officers to ensure that their college's articulation reflects the needs of students. Counseling programs should ensure that articulation officers are given enough release time to perform their function. Counseling faculty should have ready access to accurate, up-to-date articulation agreements established between their college and neighboring four-year colleges and universities.

6) Counseling faculty should stay current on transfer requirements, including admission, general education, and major requirements, for the transfer institutions in their region. Counseling faculty should regularly attend transfer conferences and workshops, such as those conducted by the University of California, California State University, and the Association of Independent Colleges and Universities.

7) Counseling programs should work closely with their college's matriculation program, especially in the areas of assessment interpretation, application of multiple measures, orientation program development, academic counseling and advising services and follow-up.

8) Counseling faculty should assist students through the processes of pre and co-requisite implementation, transcript evaluation, and general education transfer certification.

9) Counseling programs should develop curriculum and offer courses and workshops that teach the skills needed for academic success, such as study skills, note taking, and time management.

Career Counseling

1) Counseling faculty should teach the career development process and its importance in setting and achieving academic and life goals.

2) The career development process should be taught as holistic and lifelong. Counseling faculty should assist students in examining their lives as a whole--values, interests, aptitudes, and life circumstances. Students should be made aware that career skills learned now, such as career search and decision-making methods, may be useful throughout a lifetime.

3) Career counseling services should be delivered in a variety of ways, including individual and group counseling, workshops, and college courses.

4) Career counseling services should include assisting students in clarifying career goals, through: intake interviews and administration and interpretation of career assessment instruments; instruction in career exploration using the latest technology and methods; and instruction in career goal setting and decision making.

5) Counseling programs should provide a career center that houses up-to-date information on career research, labor market, educational programs, and all aspects of the career development process. Technical assistance should also be available to help students access this information.

6) Services should include assistance with job placement and the job search process, including instruction in resume preparation and interviewing skills.

7) Career counseling services should reach out to undeclared students and assist them in setting academic and career goals.

8) Counseling faculty should serve on vocational program advisory committees for the purpose of staying current on local labor market trends and employment demands.

9) Counseling programs should establish liaison relationships with other career-related programs, such as regional occupational programs, work experience programs, GAIN, JTPA, and private industry councils.

Personal Counseling

1) Personal counseling services should be available to students whose personal life issues interfere with their academic success. These should include, but need not be limited to: individual and group counseling, crisis intervention, support groups, and courses or workshops on personal life issues (e.g., self-esteem, stress management, and substance abuse prevention). While all counseling faculty should be prepared to provide these services, referrals to other mental health professionals should be made for more severe problems.

2) Counseling programs should develop curriculum and offer courses and workshops that encourage the holistic development of the student as a functioning member of society (e.g. courses in personal development and life-coping skills).

3) Counseling programs should maintain up-to-date information on community resources and should refer students to appropriate services as needed.

Crisis Intervention

1) As part of their mission to provide personal counseling, programs should have a system that assists students in acute emotional distress, including an intervention plan for students in personal crisis who require immediate attention.

2) For situations when a student is a potential danger to self or others, districts should have a clear policy of who has authority to make such determinations, and specific procedures to be followed.

3) Counseling programs should work closely with administration and outside agencies to ensure that the needs of students in crisis are met and that personnel appropriate to such situations are available.

4) Counseling programs should take leadership in creating and participating in campus-wide crisis intervention teams.

5) Counseling programs should be familiar with district disaster plans, and be prepared to assist students in the event of a disaster on campus.

Multicultural Counseling

1) Counseling faculty should become aware of how their own cultural backgrounds and experiences may influence their attitudes, values, and biases about students' psychological processes.

2) Counseling faculty should develop knowledge about how oppression, discrimination, and stereotyping affect them personally and influence their work; and how these problems impinge upon the lives of their students.

3) Counseling faculty should acquire specific knowledge about the characteristics of the groups with which they work. They should develop an understanding of how race, culture, ethnicity, gender, sexual orientation, age, socioeconomic status and the like affect personality formation, career choices, learning styles, help-seeking behavior, and the appropriateness of counseling approaches.

4) Counseling faculty should actively seek out educational and life experiences that enrich their cross-cultural knowledge, understanding, and skills in order to provide more effective counseling.

Outreach

Counseling programs should make a special effort to reach out to potential students, and to students who may otherwise not avail themselves of needed services, or who might be better served by nontraditional methods. Such outreach should respond to the diversity of race, culture, ethnicity, and sexual orientation among students, and to any groups in need that can be identified. In particular, students from cultural backgrounds different from the majority of the student body should be sought out, as should undeclared, basic skills, and probationary students.

Consultation and Advocacy

1) Consultation regarding students should be provided as needed to other faculty and other appropriate campus staff, within the limits of confidentiality.

2) Consultation with parents, spouses, and agencies that bear some responsibility for particular students should be provided within the limits of confidentiality.

3) Counseling programs should play an active role in interpreting and advocating the needs of students to administrators, faculty, and staff. Such advocacy should include, but not be limited to curriculum, academic policies and practices, and student rights and responsibilities. Counseling faculty should participate actively in local and state governance processes to carry out such advocacy.

4) Counseling programs should provide leadership in articulation and curriculum development through consultation with other faculty.

Program Review and Research

1) Counseling programs should undergo regularly scheduled reviews. Each review should be performed a minimum of once per accreditation cycle, and should be linked to the college program review process.

2) Data for the review process should be gathered from students, faculty, classified staff and administration. At a minimum, data should include numbers of students served per year; types of services delivered and perceived quality of services; timeliness of student access to counseling; counseling curriculum; counseling faculty participation in campus decision making; and clarity and accuracy of counseling information.

3) Assistance in determining the appropriate methods for collecting, compiling and analyzing the data should be sought from campus research professionals.

4) After being collected and analyzed, counseling program data should be reviewed by all counseling personnel.

5) Counseling program strengths and weaknesses should be documented. A plan for program improvements to address weaknesses should be developed.

6) Plans should be reviewed annually to encourage progress toward program goals.

7) Other research, whether to improve local programs or to further the goals of the profession, should be encouraged and supported.

Training and Professional Development

1) Counseling faculty and counseling programs share a responsibility to provide competent academic, career, personal, and crisis intervention counseling services to students. Therefore, programs should require a minimum of twenty hours per year of professional development activity by all counseling faculty; and should encourage further professional development beyond that minimum.

2) Each program should assess its counseling faculty's knowledge and skills in the core functions, particularly academic, career, personal counseling and crisis intervention, as well as in multicultural awareness. The program should provide opportunities to enhance knowledge and skills in each of those areas that need strengthening.

3) Counseling programs should provide formal orientation and training for all new counseling faculty, full or part-time, temporary or permanent, to ensure that they possess the essential knowledge to perform their jobs.

4) If a counseling program utilizes paraprofessionals, it should follow the guidelines listed in the paper The Role of Counseling Faculty in the California Community Colleges:

> "First, that the competencies expected of paraprofessional be defined explicitly, with the full participation of the counseling faculty; second, that paraprofessionals need to be trained and supervised carefully with full participation of the counseling staff; and last that paraprofessionals not be expected to perform tasks beyond their qualifications."

5) If a counseling program accepts graduate interns, they should be provided training and close supervision during their internship to ensure quality service to students. Interns should be closely screened to determine their knowledge and readiness before they see students outside the presence of a counseling faculty member.

6) If a counseling program utilizes student workers, the same precautions listed in items c, d, and e above should apply to an even greater degree. Students should be selected carefully, provided intensive training as to their role and limitations, and continuously supervised.

7) When programs utilize interns, paraprofessionals, or student workers in the delivery of services, all staff should wear identification or otherwise indicate their positions, in order to avoid confusion on the part of students.

8) Where colleges use instructor advisors, counseling programs should provide training and maintain a close linkage with these faculty members in order to assure a high quality in information dissemination to students, and to clarify the differing roles of counseling and advising.

9) Counseling programs should offer training and development opportunities for classified staff, to improve their skills and knowledge in providing quality services to students.

10) All faculty and staff, including interns, student workers, and paraprofessionals, should receive training about confidentiality and the proper maintenance of records.

11) Counseling programs should offer inservice training to the larger college community where the expertise of the department would be useful.

ETHICAL STANDARDS

Professional ethical practice forms the cornerstone of high quality counseling services. As ethical and legal issues arise in the course of providing counseling services, it is no easy task to determine the laws that pertain to each situation, to interpret those laws, or operationalize them within a counseling program. Thus, it is important that there be regular communication among the counseling faculty, the program administrator, and the district's legal counsel about these matters.

Counseling faculty should know the laws relevant to their work, and should follow scrupulously the obligations and limitations these laws create. The counseling administrator, in particular, is responsible to see that the policies and procedures of a program follow both the law and the ethical standards of the profession.

Counseling faculty and staff should maintain strict adherence to the ethical code of the American Counseling Association, as adopted in April 1995. The full text of the code has been reproduced as an appendix to this document. The ACA document lists fifty-one standards in eight areas of practice:

A. The Counseling Relationship
B. Confidentiality
C. Professional Responsibility
D. Relationship with Other Professionals
E. Evaluation, Assessment, and Interpretation
F. Teaching, Training, and Supervision
G. Research and Publication
H. Resolving Ethical Issues

The following highlights some of the standards that have particular applicability to community college counseling practice.

The Counseling Relationship

One of the great strengths of the community colleges is the diversity of populations that they serve. Counseling faculty should be mindful of the individuality and value of each person who seeks educational services. Therefore, counseling faculty should not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status or socioeconomic status.

Counselors should actively attempt to understand the diverse cultural backgrounds of the students with whom they work. This should include, but not be limited to, learning how the counselor's own cultural/ethnic, racial identity impacts her/his values and beliefs about the counseling process.

Counseling faculty should be mindful of their professional limitations, and the limitations of their counseling program's services. If they determine that they, or their program, are unable to be of professional service, they should not abandon or neglect their students. Counseling faculty should make appropriate, informed referrals to alternative resources.

Counseling faculty should not engage in any type of sexual activity with their counselees. They should be cognizant of their positions of power over their counselees, and thus should avoid dual relationships, such as business, personal, or familial relationships, that might impair their judgment or increase the risk of harm to their counselees.

Confidentiality

Counseling faculty should keep confidential any information related to a student's use of counseling services, avoiding unwarranted disclosure of information. However, there are exceptions. The rule of confidentiality does not apply when "disclosure is required to prevent clear and imminent danger to the counselee or others, or when legal requirements demand that confidential information be revealed. To the extent possible, students should be informed before confidential information is disclosed." Counseling faculty should consult with other professionals, the counseling manager, and legal counsel when in doubt as to the validity of an exception. Counseling faculty have the obligation to ensure that confidentiality is maintained by all support staff as well. The counseling program's procedures should provide for confidentiality in creating, securing, accessing, transferring and disposing of all counseling records.

Professional Responsibility

Counseling faculty have the responsibility of maintaining their professional competence by engaging in continuing education activities. Counseling faculty must not use their place of employment in the community college as a means of recruiting clients for their private practice. They must not use their professional positions to seek unjustified personal gain, sexual favor, or unearned goods and services.

Relationship With Other Professionals

Counseling faculty should establish working agreements with supervisors, colleagues, and subordinates regarding counseling relationships, confidentiality, and adherence to professional standards. Counseling faculty should not engage in practices that are illegal or unethical.

Evaluation, Assessment, and Interpretation

Counseling faculty should provide only those assessment services for which they are competent. In particular, psychological testing should be conducted only by qualified personnel. Counseling faculty should apply professional standards in the selection of test instruments, administration of the tests, security of the tests, scoring, and interpretation. Before assessment is conducted, counselees should be apprised about its nature and purpose and use of the results. Accurate interpretation should be provided to the client after every assessment and accompany the release of assessment results.

Training and Supervision

Counseling faculty should be knowledgeable about the ethical, legal, and regulatory aspects of their profession and should be skilled in applying that knowledge in their training of others. They should serve as role models of professional behavior. Counseling faculty who supervise the counseling services of others, such as interns, should take reasonable steps to ensure that the services provided are professional. They should clearly state in advance to the individuals they train, the levels of competency and responsibility expected, the appraisal methods, and the timing of evaluations.

Research and Publication

Counseling faculty should seek consultation and observe stringent safeguards to protect the rights of students and research participants. Information obtained from students or other research participants should be kept strictly confidential.

Resolving Ethical Issues

Counseling faculty have the responsibility of upholding the standards of their profession. As part of that responsibility, when counseling faculty possess reasonable cause to believe that a fellow counseling faculty member may not be acting in an ethical manner, they should take appropriate action, which may include consultation with the counseling faculty member, with others knowledgeable about ethics, with administrators, legal advisors, and professional organizations.

ORGANIZATION AND ADMINISTRATION

The organization and administration of a counseling program has great impact on its effectiveness. Therefore, the following standards should be applied:

1) A specific individual should be designated by the institution to administer the counseling program. This administrator should possess the minimum qualifications of the counseling discipline.

2) This administrator should be skilled in leadership, fiscal management, interpersonal relations, cultural sensitivity, staff selection and training, planning, and evaluation. The administrator should also possess a thorough knowledge of student development theory and practice, as well as of the community college system.

3) The counseling department should have a major role in developing the job description and in the hiring of the administrator.

4) The administrator of the counseling program should be positioned in the administrative structure to effectively interact with other administrators, as well as with the chief student services administrator and chief instruction administrator.

5) Specific responsibilities of the counseling program should be clearly delineated, published, and disseminated to the entire college community.

6) Counseling services should be defined and structured primarily by the counseling faculty who provide these services, to ensure that those who are most knowledgeable about these issues will have the major role in making decisions that directly affect service delivery to students.

7) Counseling program services should be organized in a way that provides for the direct and ongoing interaction of counseling faculty with other faculty, staff, and administrators.

8) Counseling services should be scheduled funded adequately in order to accommodate the needs of students, including evening and weekend students. Services should also be scheduled to meet fluctuations in student demand. Accommodation should be made, however, to allow counseling faculty to participate in staff development activities offered to other faculty and staff.

9) Counseling sessions should be of appropriate length to allow students to fully discuss plans, programs, courses, academic progress, and other subjects related to their educational progress.

10) Counseling services should be delivered by a variety of methods, including individual sessions, group sessions, workshops, and curriculum.

11) Adequate and equitable resources should be made available to counseling programs in order to implement quality services.

HUMAN RESOURCES

The quality of a counseling program is dependent upon the level of staffing and the qualifications of the professionals providing services. Districts should hire an adequate number of counseling faculty who are trained to handle the wide variety of concerns that affect community college students; as well as sufficient support staff to operate the program efficiently.

1) Counseling faculty must meet the minimum qualifications of the California community college counseling discipline. Their education and abilities should be those that are described in detail in the Academic Senate document, The Role of Counseling Faculty in the California Community Colleges.

2) Sufficient counseling faculty should be available to meet student needs and state mandates. Students should have access to non-emergency counseling services within one week of requesting such services. In addition, students should have access for brief questions within one day.

3) In concert with other appropriate campus personnel, counseling faculty trained in crisis management should be available to respond to crisis situations within one hour.

4) Counseling programs should, whenever possible, ensure that the counseling faculty reflect the cultural and ethnic diversity of the local community. Whenever possible, counseling faculty and classified staff should be available who speak the major languages of local immigrant populations.

5) There should be sufficient numbers of full time counseling faculty to allow for active counseling faculty participation in college governance, as well as in professional development activities, without disruption of a program's services to students.

6) There should be standardized and consistent hiring and training for all counseling faculty, regardless of full or part-time status or specific program (e.g. EOP&S, DSP&S, athletic counseling). This training should include familiarization of all counseling faculty with all programs and services, issues of student equity, and specific campus populations.

7) Sufficient support staff should be available to maintain student records, organize resource materials, receive students, make appointments, and handle other operational needs. Technical and computer support staff should be available for research, data collection, systems development, and maintenance of electronic equipment and software.

PHYSICAL FACILITIES

Counseling services should be readily accessible and visible to all students, including those who are physically challenged. Counseling services should be physically separate from administrative offices, and campus police. Wherever counseling services are offered, including outreach centers, these minimum standards should be met:

1) Each full-time faculty member should be provided with a sound-proofed office, in order to assure student confidentiality. Part-time counseling faculty should be allowed use of sound-proofed offices when they are counseling students. Each office should have a telephone with messaging capabilities, a computer with access to student records and other pertinent information, and secure file storage. Overall, offices should create an inviting environment for students and a safe and functional work site for counselors.

2) Counseling services should have up-to-date computers, copiers, and other equipment to support record keeping, research, and publication activities. Technical resources for media presentations should also be available.

3) The reception area should provide a welcoming waiting area for students.

4) Student records should be maintained in a secure environment to ensure confidentiality.

5) Where district demographics warrant, information and assistance should be available, by phone and in print, in languages other than English.

6) The counseling area should have information resources that include appropriate professional journals and books.

7) A collection of current occupational and career information should be readily accessible to counseling personnel and students.

8) An area suitable for individual and group testing should be available. This space allocated should be sound-proofed to eliminate noise distractions.

9) The counseling service should maintain, or have ready access to, space suitable for group counseling sessions and staff meetings.

10) A written disaster plan should be displayed, outlining procedures for emergency evacuations for both crime and natural disasters. A personal security system should be in place where police can be notified immediately in case of emergencies

NEW TECHNOLOGIES

It is important that counseling faculty take advantage of new technologies in doing their jobs. Counseling is by nature an interpersonal activity rather than an interaction between human and machine. While computers will never replace the skills of a counseling professional, nevertheless, computers have the capacity to dramatically improve access and accuracy in the delivery of information. Counseling programs that do not take advantage of emerging technologies will eventually be unable to meet the needs or expectations of students. Therefore, counseling faculty need to take the initiative to develop technology use plans that add to the counseling relationship, rather than detract from it. Counseling faculty should neither simply resist nor blindly accept technology use plans imposed upon them.

Technology use practices should incorporate the following principles:

1) Counseling programs should select only those technologies which enhance the delivery of services to students. Electronic access to student educational plans, articulation information, transcripts, petitions, and the like should be encouraged.

2) Counseling programs should use technologies to enhance communication within the counseling department, as well as to the college and to the community.

3) Counseling programs should use technologies to document accurately and efficiently the student use of services.

4) Counseling technology plans should be developed with significant input from users of the plans--counseling faculty and personnel, counseling administrators, and students--in addition to technology experts.

5) Counseling technology plans should be closely integrated with college and district technology plans.

6) There should be adequate technical support services for maintenance of current technologies and installation of new technologies.

7) Policies and procedures to maximize technology use and access, while ensuring safety of records and appropriate confidentiality, should be developed and implemented.

8) As programs begin to include greater use of technologies, adequate time and training for personnel to learn and maintain skills in using these technologies should be provided.

9) Many of the new technologies give college information directly to students (e.g. web home pages, kiosks). To prevent confusion and misinformation, counseling faculty should be involved in ensuring that the information provided is accurate and up-to-date.

10) All students should have access to counseling faculty when they need counseling, rather than mere information. Access to technology should not replace access to counseling.

11) Students enrolled through distance learning should be afforded the same level of counseling and support services made available to other students. The services made available should adhere to all the standards contained in this document.

REVIEW OF STANDARDS

Although these standards should stand for a number of years, they should be revisited periodically to address new developments in the field. Therefore, the Committee on Counseling and Library Faculty Issues of the Academic Senate should review these standards at least every six years.

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APPENDIX:

American Counseling Association
Code of Ethics
and
Standard of Practice

(Approved by the Governing Council, April 1995)

American Counseling Association Code of Ethics and Standard of Practice

(Approved by the Governing Council, April 1995)

Preamble

The American Counseling Association is an educational, scientific, and professional organization whose members are dedicated to the enhancement of human development throughout the life-span. Association members recognize diversity in our society and embrace a cross- cultural approach in support of the worth, dignity, potential, and uniqueness of each individual.

The specification of a code of ethics enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members. As the code of ethics of the association, this document establishes principles that define the ethical behavior of association members. All members of the American Counseling Association are required to adhere to the Code of Ethics and the Standards of Practice. The Code of Ethics will serve as the basis for processing ethical complaints initiated against members of the association.

CODE OF ETHICS

SECTION A: THE COUNSELING RELATIONSHIP

A.1. CLIENT WELFARE

a. Primary Responsibility. The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

b. Positive Growth and Development. Counselors encourage client growth and development in ways that foster the clients+ interest and welfare; counselors avoid fostering dependent counseling relationships.

c. Counseling Plans. Counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting clients+ freedom of choice. (See A.3.b.)

d. Family Involvement. Counselors recognize that families are usually important in clients+ lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

e. Career and Employment Needs. Counselors work with their clients in considering employment in jobs and circumstances that are consistent with the clients+ overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Counselors neither place nor participate in placing clients in positions that will result in damaging the interest and the welfare of clients, employers, or the public.

A.2. RESPECTING DIVERSITY

a. Nondiscrimination. Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See C.5.a., C.5.b., and D.1.i.)

b. Respecting Differences. Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor+s own cultural/ethnic/racial identity impacts her or his values and beliefs about the counseling process. (See E.8. and F.2.i.)

A.3. CLIENT RIGHTS

a. Disclosure to Clients. When counseling is initiated, and throughout the counseling process as necessary, counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing counseling plans; and to refuse any recommended services and be advised of the consequences of such refusal. (See E.5.a. and G.2.)

b. Freedom of Choice. Counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients are fully explained. (See A.1.c.)

c. Inability to Give Consent. When counseling minors or persons unable to give voluntary informed consent, counselors act in these clients+ best interests. (See B.3.)

A.4. CLIENTS SERVED BY OTHERS

If a client is receiving services from another mental health professional, counselors, with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client. (See C.6.c.)

A.5. PERSONAL NEEDS AND VALUES

a. Personal Needs. In the counseling relationship, counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

b. Personal Values. Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients. (See C.5.a.)

A.6. DUAL RELATIONSHIPS

a. Avoid When Possible. Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs. (See F.1.b.)

b. Superior/Subordinate Relationships. Counselors do not accept as clients superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

A.7. SEXUAL INTIMACIES WITH CLIENTS

a. Current Clients. Counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.

b. Former Clients. Counselors do not engage in sexual intimacies with former clients within a minimum of 2 years after terminating the counseling relationship. Counselors who engage in such relationship after 2 years following termination have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client+s personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.

A.8. MULTIPLE CLIENTS

When counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately. (See B.2. and B.4.d.)

A.9. GROUP WORK

a. Screening. Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

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b. Protecting Clients. In a group setting, counselors take reasonable precautions to protect clients from physical or psychological trauma.

A.10. FEES AND BARTERING (SEE D.3.A. AND D.3.B.)

a. Advance Understanding. Counselors clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment. (A.11.c.)

b. Establishing Fees. In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, assistance is provided in attempting to find comparable services of acceptable cost. (See A.10.d., D.3.a., and D.3.b.)

c. Bartering Discouraged. Counselors ordinarily refrain from accepting goods or services from clients in return for counseling services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Counselors may participate in bartering only if the relationship is not exploitative, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community. (See A.6.a.)

d. Pro Bono Service. Counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono).

A.11. TERMINATION AND REFERRAL

a. Abandonment Prohibited. Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, and following termination.

b. Inability to Assist Clients. If counselors determine an inability to be of professional assistance to clients, they avoid entering or immediately terminate a counseling relationship. Counselors are knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, counselors should discontinue the relationship.

c. Appropriate Termination. Counselors terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, when clients do not pay fees charged, or when agency or institution limits do not allow provision of further counseling services. (See A.10.b. and C.2.g.)

A.12. COMPUTER TECHNOLOGY

a. Use of Computers. When computer applications are used in counseling services, counselors ensure that (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

b. Explanation of Limitations. Counselors ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.

c. Access to Computer Applications. Counselors provide for equal access to computer applications in counseling services. (See A.2.a.)

SECTION B: CONFIDENTIALITY

B.1. RIGHT TO PRIVACY

a. Respect for Privacy. Counselors respect their clients right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See A.3.a. and B.6.a.)

b. Client Waiver. The right to privacy may be waived by the client or his or her legally recognized representative.

c. Exceptions. The general requirement that counselors keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.

d. Contagious, Fatal Diseases. A counselor who receives information confirming that a client has a disease commonly known to be both communicable and fatal is justified in disclosing information to an identifiable third party, who by his or her relationship with the client is at a high risk of contracting the disease. Prior to making a disclosure the counselor should ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future. (See B.1.c and B.1.f.)

e. Court-Ordered Disclosure. When court ordered to release confidential information without a client+s permission, counselors request to the court that the disclosure not be required due to potential harm to the client or counseling relationship. (See B.1.c.)

f. Minimal Disclosure. When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

g. Explanation of Limitations. When counseling is initiated and throughout the counseling process as necessary, counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached. (See G.2.a.)

h. Subordinates. Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates including employees, supervisees, clerical assistants, and volunteers. (See B.1.a.)

i. Treatment Teams. If client treatment will involve a continued review by a treatment team, the client will be informed of the team+s existence and composition.

B.2. GROUPS AND FAMILIES

a. Group Work. In group work, counselors clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members.

b. Family Counseling. In family counseling, information about one family member cannot be disclosed to another member without permission. Counselors protect the privacy rights of each family member. (See A.8., B.3., and B.4.d.)

B.3. MINOR OR INCOMPETENT CLIENTS

When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Counselors act in the best interests of clients and take measures to safeguard confidentiality. (See A.3.c.)

B.4. RECORDS

a. Requirement of Records. Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures.

b. Confidentiality of Records. Counselors are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See B.1.a.)

c. Permission to Record or Observe. Counselors obtain permission from clients prior to electronically recording or observing sessions. (See A.3.a.)

d. Client Access. Counselors recognize that counseling records are kept for the benefit of clients, and therefore provide access to records and copies of records when requested by competent clients, unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client. (See A.8., B.1.a., and B.2.b.)

e. Disclosure or Transfer. Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section B.1. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.5. RESEARCH AND TRAINING

a. Data Disguise Required. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See B.1.g. and G.3.d.)

b. Agreement for Identification. Identification of a client in a presentation or publication is permissible only when the client has reviewed the material and has agreed to its presentation or publication. (See G.3.d.)

B.6. CONSULTATION

a. Respect for Privacy. Information obtained in a consulting relationship is discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports present data germane to the purposes of the consultation, and every effort is made to protect client identity and avoid undue invasion of privacy.

b. Cooperating Agencies. Before sharing information, counselors make efforts to ensure that there are defined policies in other agencies serving the

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counselor's clients that effectively protect the confidentiality of information.

SECTION C: PROFESSIONAL RESPONSIBILITY

C.1. STANDARDS KNOWLEDGE

Counselors have a responsibility to read, understand, and follow the Code of Ethics and the Standards of Practice.

C.2. PROFESSIONAL COMPETENCE

a. Boundaries of Competence. Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

b. New Specialty Areas of Practice. Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.

c. Qualified for Employment. Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent.

d. Monitor Effectiveness. Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek out peer supervision to evaluate their efficacy as counselors.

e. Ethical Issues Consultation. Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice. (See H.1.)

f. Continuing Education. Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work.

g. Impairment. Counselors refrain from offering or accepting professional services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities. (See A.11.c.)

C.3. ADVERTISING AND SOLICITING CLIENTS

a. Accurate Advertising. There are no restrictions on advertising by counselors except those that can be specifically justified to protect the public from deceptive practices. Counselors advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Counselors may only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the Council on Postsecondary Accreditation.

b. Testimonials. Counselors who use testimonials do not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

c. Statements by Others. Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

d. Recruiting Through Employment. Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices. (See C.5.e.)

e. Products and Training Advertisements. Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

f. Promoting to Those Served. Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Counselors may adopt textbooks they have authored for instruction purposes.

g. Professional Association Involvement. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

C.4. CREDENTIALS

a. Credentials Claimed. Counselors claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include graduate degrees in counseling or closely related mental health fields, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, ACA professional membership, or any other credential that might indicate to the public specialized knowledge or expertise in counseling.

b. ACA Professional Membership. ACA professional members may announce to the public their membership status. Regular members may not announce their ACA membership in a manner that might imply they are credentialed counselors.

c. Credential Guidelines. Counselors follow the guidelines for use of credentials that have been established by the entities that issue the credentials.

d. Misrepresentation of Credentials. Counselors do not attribute more to their credentials than the credentials represent, and do not imply that other counselors are not qualified because they do not possess certain credentials.

e. Doctoral Degrees From Other Fields. Counselors who hold a master's degree in counseling or a closely related mental health field, but hold a doctoral degree from other than counseling or a closely related field, do not use the title "Dr." in their practices and do not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

C.5. PUBLIC RESPONSIBILITY

a. Nondiscrimination. Counselors do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason. (See A.2.a.)

b. Sexual Harassment. Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

c. Reports to Third Parties. Counselors are accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.1.g.)

d. Media Presentations. When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate professional counseling literature and practice; (2) the statements are otherwise consistent with the Code of Ethics and the Standards of Practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. (See C.6.b.)

e. Unjustified Gains. Counselors do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.3.d.)

C.6. RESPONSIBILITY TO OTHER PROFESSIONALS

a. Different Approaches. Counselors are respectful of approaches to professional counseling that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

b. Personal Public Statements. When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession. (See C.5.d.)

c. Clients Served by Others. When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships. (See A.4.)

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SECTION D: RELATIONSHIPS WITH OTHER PROFESSIONALS

D.1. RELATIONSHIPS WITH EMPLOYERS AND EMPLOYEES

a. Role Definition. Counselors define and describe for their employers and employees the parameters and levels of their professional roles.

b. Agreements. Counselors establish working agreements with supervisors, colleagues, and subordinates regarding counseling or clinical relationships, confidentiality, adherence to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, work load, and accountability. Working agreements in each instance are specified and made known to those concerned.

c. Negative Conditions. Counselors alert their employers to conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness.

d. Evaluation. Counselors submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

e. In-Service. Counselors are responsible for in-service development of self and staff.

f. Goals. Counselors inform their staff of goals and programs.

g. Practices. Counselors provide personnel and agency practices that respect and enhance the rights and welfare of each employee and recipient of agency services. Counselors strive to maintain the highest levels of professional services.

h. Personnel Selection and Assignment. Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

i. Discrimination. Counselors, as either employers or employees, do not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training. (See A.2.a. and C.5.b.)

j. Professional Conduct. Counselors have a responsibility both to clients and to the agency or institution within which services are performed to maintain high standards of professional conduct.

k. Exploitative Relationships. Counselors do not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. l. Employer Policies. The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.2. CONSULTATION (SEE B.6.)

a. Consultation as an Option. Counselors may choose to consult with any other professionally competent persons about their clients. In choosing consultants, counselors avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor's efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.

b. Consultant Competency. Counselors are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

c. Understanding With Clients. When providing consultation, counselors attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected. d. Consultant Goals. The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b.)

D.3. FEES FOR REFERRAL

a. Accepting Fees From Agency Clients. Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services. (See A.10.a., A.11.b., and C.3.d.)

b. Referral Fees. Counselors do not accept a referral fee from other professionals.

D.4. SUBCONTRACTOR ARRANGEMENTS

When counselors work as subcontractors for counseling services for a third party, they have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors in providing counseling services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See B.1.e. and B.1.f.)

SECTION E: EVALUATION, ASSESSMENT, AND INTERPRETATION

E.1. GENERAL

a. Appraisal Techniques. The primary purpose of educational and psychological assessment is to provide measures that are objective and interpretable in either comparative or absolute terms. Counselors recognize the need to interpret the statements in this section as applying to the whole range of appraisal techniques, including test and nontest data.

b. Client Welfare. Counselors promote the welfare and best interests of the client in the development, publication, and utilization of educational and psychological assessment techniques. They do not misuse assessment results and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations.

E.2. COMPETENCE TO USE AND INTERPRET TESTS

a. Limits of Competence. Counselors recognize the limits of their competence and perform only those testing and assessment services for which they have been trained. They are familiar with reliability, validity, related standardization, error of measurement, and proper application of any technique utilized. Counselors using computer-based test interpretations are trained in the construct being measured and the specific instrument being used prior to using this type of computer application. Counselors take reasonable measures to ensure the proper use of psychological assessment techniques by persons under their supervision.

b. Appropriate Use. Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use computerized or other services.

c. Decisions Based on Results. Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of educational and psychological measurement, including validation criteria, test research, and guidelines for test development and use.

d. Accurate Information. Counselors provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid unwarranted connotations of such terms as IQ and grade equivalent scores. (See C.5.c.)

E.3. INFORMED CONSENT

a. Explanation to Clients. Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results in language the client (or other legally authorized person on behalf of the client) can understand, unless an explicit exception to this right has been agreed upon in advance. Regardless of whether scoring and interpretation are completed by counselors, by assistants, or by computer or other outside services, counselors take reasonable steps to ensure that appropriate explanations are given to the client.

b. Recipients of Results. The examinee's welfare, explicit understanding, and prior agreement determine the recipients of test results. Counselors include accurate and appropriate interpretations with any release of individual or group test results. (See B.1.a. and C.5.c.)

E.4. RELEASE OF INFORMATION TO COMPETENT PROFESSIONALS

a. Misuse of Results. Counselors do not misuse assessment results, including test results, and interpretations, and take reasonable steps to prevent the misuse of such by others. (See C.5.c.)

b. Release of Raw Data. Counselors ordinarily release data (e.g., protocols, counseling or interview notes, or questionnaires) in which the client is identified only with the consent of the client or the client+s legal representative. Such data are usually released only to persons recognized by counselors as competent to interpret the data. (See B.1.a.)

E.5. PROPER DIAGNOSIS OF MENTAL DISORDERS

a. Proper Diagnosis. Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including

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personal interview) used to determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used. (See A.3.a. and C.5.c.)

b. Cultural Sensitivity. Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experience is considered when diagnosing mental disorders.

E.6. TEST SELECTION

a. Appropriateness of Instruments. Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.

b. Culturally Diverse Populations. Counselors are cautious when selecting tests for culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns.

E.7. CONDITIONS OF TEST ADMINISTRATION

a. Administration Conditions. Counselors administer tests under the same conditions that were established in their standardization. When tests are not administered under standard conditions or when unusual behavior or irregularities occur during the testing session, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

b. Computer Administration. Counselors are responsible for ensuring that administration programs function properly to provide clients with accurate results when a computer or other electronic methods are used for test administration. (See A.12.b.)

c. Unsupervised Test Taking. Counselors do not permit unsupervised or inadequately supervised use of tests or assessments unless the tests or assessments are designed, intended, and validated for self-administration and/or scoring.

d. Disclosure of Favorable Conditions. Prior to test administration, conditions that produce most favorable test results are made known to the examinee.

E.8. DIVERSITY IN TESTING

Counselors are cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. They recognize the effects of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors. (See A.2.a.)

E.9. TEST SCORING AND INTERPRETATION

a. Reporting Reservations. In reporting assessment results, counselors indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested.

b. Research Instruments. Counselors exercise caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

c. Testing Services. Counselors who provide test scoring and test interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client.

E.10. TEST SECURITY

Counselors maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published tests or parts thereof without acknowledg-ment and permission from the publisher.

E.11. OBSOLETE TESTS AND OUTDATED TEST RESULT

Counselors do not use data or test results that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of obsolete measures and test data by others.

E.12. TEST CONSTRUCTION

Counselors use established scientific procedures, relevant standards, and current professional knowledge for test design in the development, publication, and utilization of educational and psychological assessment techniques.

SECTION F: TEACHING, TRAINING, AND SUPERVISION

F.1. COUNSELOR EDUCATORS AND TRAINERS

a. Educators as Teachers and Practitioners. Counselors who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsi-bilities. Counselors conduct counselor education and training programs in an ethical manner and serve as role models for profes-sional behavior. Counselor educators should make an effort to infuse material related to human diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

b. Relationship Boundaries With Students and Supervisees. Counselors clearly define and maintain ethical, professional, and social relationship boundaries with their students and supervisees. They are aware of the differential in power that exists and the student's or supervisee's possible incomprehension of that power differential. Counselors explain to students and supervisees the potential for the relationship to become exploitive.

c. Sexual Relationships. Counselors do not engage in sexual relationships with students or supervisees and do not subject them to sexual harassment. (See A.6. and C.5.b)

d. Contributions to Research. Counselors give credit to students or supervisees for their contributions to research and scholarly projects. Credit is given through coauthorship, acknowledgment, footnote statement, or other appropriate means, in accordance with such contributions. (See G.4.b. and G.4.c.)

e. Close Relatives. Counselors do not accept close relatives as students or supervisees.

f. Supervision Preparation. Counselors who offer clinical supervision services are adequately prepared in supervision methods and techniques. Counselors who are doctoral students serving as practicum or internship supervisors to master's level students are adequately prepared and supervised by the training program.

g. Responsibility for Services to Clients. Counselors who supervise the counseling services of others take reasonable measures to ensure that counseling services provided to clients are professional.

h. Endorsement. Counselors do not endorse students or supervisees for certification, licensure, employment, or completion of an academic or train-ing program if they believe students or supervisees are not qualified for the endorsement. Counselors take reason-able steps to assist students or supervisees who are not qualified for endorsement to become qualified.

F.2. COUNSELOR EDUCATION AND TRAINING PROGRAMS

a. Orientation. Prior to admission, counselors orient prospective students to the counselor education or training program+s expectations, including but not limited to the following: (1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision settings and requirements of the sites for required clinical field experiences, (6) student and supervisee evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects for graduates.

b. Integration of Study and Practice. Counselors establish counselor education and training programs that integrate academic study and supervised practice.

c. Evaluation. Counselors clearly state to students and supervisees, in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and experiential components. Counselors provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

d. Teaching Ethics. Counselors make students and supervisees aware of the ethical responsibilities and standards of the profession and the students+ and supervisees' ethical responsibilities to the profession. (See C.1. and F.3.e.)

e. Peer Relationships. When students or supervisees are assigned to lead counseling groups or provide clinical supervision for their peers, counselors take steps to ensure that students and supervisees placed in these roles do not have personal or adverse relation-ships with peers and that they under-stand they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselors make every effort to ensure that the rights of peers are not compromised when students or supervisees are assigned to lead counseling groups or provide clinical supervision.

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f. Varied Theoretical Positions. Counselors present varied theoretical positions so that students and supervisees may make comparisons and have opportunities to develop their own positions. Counselors provide information concerning the scientific bases of professional practice. (See C.6.a.)

g. Field Placements. Counselors develop clear policies within their training program regarding field placement and other clinical experiences. Counselors provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and are informed of their professional and ethical responsibilities in this role.

h. Dual Relationships as Supervisors. Counselors avoid dual relationships such as performing the role of site supervisor and training program supervisor in the student's or supervisee's training program. Counselors do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

i. Diversity in Programs. Counselors are responsive to their institution's and program's recruitment and retention needs for training program administrators, faculty, and students with diverse backgrounds and special needs. (See A.2.a.)

F.3. STUDENTS AND SUPERVISEES

a. Limitations. Counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of students and supervisees that might impede performance. Counselors assist students and supervisees in securing remedial assistance when needed, and dismiss from the training program supervisees who are unable to provide competent service due to academic or personal limitations. Counselors seek professional consultation and document their decision to dismiss or refer students or supervisees for assistance. Counselors ensure that students and supervisees have recourse to address decisions made to require them to seek assistance or to dismiss them.

b. Self-Growth Experiences. Counselors use professional judgment when designing training experiences conducted by the counselors themselves that require student and supervisee self-growth or self-disclosure. Safeguards are provided so that students and supervisees are aware of the ramifications their self-disclosure may have on counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not dependent on the student's level of self-disclosure. (See A.6.)

c. Counseling for Students and Supervisees. If students or supervisees request counseling, supervisors or counselor educators provide them with acceptable referrals. Supervisors or counselor educators do not serve as counselor to students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience. (See A.6.b.)

d. Clients of Students and Supervisees. Counselors make every effort to ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Clients receive professional disclosure information and are informed of the limits of confidentiality. Client permission is obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process. (See B.1.e.)

e. Standards for Students and Supervisees. Students and supervisees preparing to become counselors adhere to the Code of Ethics and the Standards of Practice. Students and supervisees have the same obligations to clients as those required of counselors. (See H.1.)

SECTION G: RESEARCH AND PUBLICATION

G.1. RESEARCH RESPONSIBILITIES

a. Use of Human Subjects. Counselors plan, design, conduct, and report research in a manner consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human subjects. Counselors design and conduct research that reflects cultural sensitivity appropriateness.

b. Deviation From Standard Practices. Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices. (See B.6.)

c. Precautions to Avoid Injury. Counselors who conduct research with human subjects are responsible for the subjects' welfare throughout the experiment and take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their subjects.

d. Principal Researcher Responsibility. The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and full responsibility for their own actions.

e. Minimal Interference. Counselors take reasonable precautions to avoid causing disruptions in subjects' lives due to participation in research.

f. Diversity. Counselors are sensitive to diversity and research issues with special populations. They seek consultation when appropriate. (See A.2.a. and B.6.)

G.2. INFORMED CONSENT

a. Topics Disclosed. In obtaining informed consent for research, counselors use language that is understandable to research participants and that (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are experimental or relatively untried; (3) describes the attendant discomforts and risks; (4) describes the benefits or changes in individuals or organizations that might be reasonably expected; (5) discloses appropriate alternative procedures that would be advantageous for subjects; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations on confidentiality; and (8) instructs that subjects are free to withdraw their consent and to discontinue participation in the project at any time. (See B.1.f.)

b. Deception. Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. When the methodological requirements of a study necessitate concealment or deception, the investigator is required to explain clearly the reasons for this action as soon as possible.

c. Voluntary Participation. Participation in research is typically voluntary and without any penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation.

d. Confidentiality of Information. Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent. (See B.1.e.)

e. Persons Incapable of Giving Informed Consent. When a person is incapable of giving informed consent, counselors provide an appropriate explanation, obtain agreement for participation, and obtain appropriate consent from a legally authorized person.

f. Commitments to Participants. Counselors take reasonable measures to honor all commitments to research participants.

g. Explanations After Data Collection. After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

h. Agreements to Cooperate. Counselors who agree to cooperate with another individual in research or publication incur an obligation to cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

i. Informed Consent for Sponsors. In the pursuit of research, counselors give sponsors, institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Counselors are aware of their obligation to future research workers and ensure that host institutions are given feedback information and proper acknowledgment.

G.3. REPORTING RESULTS

a. Information Affecting Outcome. When reporting research results, counselors explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

b. Accurate Results. Counselors plan, conduct, and report research accurately and in a manner that minimizes the possibility that results will be misleading. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.

c. Obligation to Report Unfavorable Results. Counselors communicate to other counselors the results of any research judged to be of professional value. Results that reflect unfavorably

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on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

d. Identity of Subjects. Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise. (See B.1.g. and B.5.a.)

e. Replication Studies. Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.4. PUBLICATION

a. Recognition of Others. When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due. (See F.1.d. and G.4.c.)

b. Contributors. Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

c. Student Research. For an article that is substantially based on a student+s dissertation or thesis, the student is listed as the principal author. (See F.1.d. and G.4.a.)

d. Duplicate Submission. Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

e. Professional Review. Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it.

SECTION H: RESOLVING ETHICAL ISSUES

H.1. KNOWLEDGE OF STANDARDS

Counselors are familiar with the Code of Ethics and the Standards of Practice and other applicable ethics codes from other professional organizations of which they are member, or from certification and licensure bodies. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct. (See F.3.e.)

H.2. SUSPECTED VIOLATIONS

a. Ethical Behavior Expected. Counselors expect professional associates to adhere to the Code of Ethics. When counselors possess reasonable cause that raises doubts as to whether a counselor is acting in an ethical manner, they take appropriate action. (See H.2.d. and H.2.e.)

b. Consultation. When uncertain as to whether a particular situation or course of action may be in violation of the Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics, with colleagues, or with appropriate authorities.

c. Organization Conflicts. If the demands of an organization with which counselors are affiliated pose a conflict with the Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Code of Ethics. When possible, counselors work toward change within the organization to allow full adherence to the Code of Ethics.

d. Informal Resolution. When counselors have reasonable cause to believe that another counselor is violating an ethical standard, they attempt to first resolve the issue informally with the other counselor if feasible, providing that such action does not violate confidentiality rights that may be involved.

e. Reporting Suspected Violations. When an informal resolution is not appropriate or feasible, counselors, upon reasonable cause, take action such as reporting the suspected ethical violation to state or national ethics committees, unless this action conflicts with confidentiality rights that cannot be resolved.

f. Unwarranted Complaints. Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intend to harm a counselor rather than to protect clients or the public.

H.3. COOPERATION WITH ETHICS COMMITTEES

Counselors assist in the process of enforcing the Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the ACA Policies and Procedures and use it as a reference in assisting the enforcement of the Code of Ethics.

STANDARDS OF PRACTICE

All members of the American Counseling Association (ACA) are required to adhere to the Standards of Practice and the Code of Ethics. The Standards of Practice represent minimal behavioral statements of the Code of Ethics. Members should refer to the applicable section of the Code of Ethics for further interpretation and amplification of the applicable Standard of Practice.

SECTION A: THE COUNSELING RELATIONSHIP

Standard of Practice One (SP-1): Nondiscrimination.

Counselors respect diversity and must not discriminate against clients because of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See A.2.a.)

Standard of Practice Two (SP-2): Disclosure to Clients.

Counselors must adequately inform clients, preferably in writing, regarding the counseling process and counseling relationship at or before the time it begins and throughout the relationship. (See A.3.a.)

Standard of Practice Three (SP-3): Dual Relationships.

Counselors must make every effort to avoid dual relationships with clients that could impair their professional judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, counselors must take appropriate steps to ensure that judgment is not impaired and that no exploitation occurs. (See A.6.a. and A.6.b.)

Standard of Practice Four (SP-4): Sexual Intimacies With Clients.

Counselors must not engage in any type of sexual intimacies with current clients and must not engage in sexual intimacies with former clients within a minimum of 2 years after terminating the counseling relationship. Counselors who engage in such relationship after 2 years following termination have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature.

Standard of Practice Five (SP-5):

Protecting Clients During Group Work. Counselors must take steps to protect clients from physical or psychological trauma resulting from interactions during group work. (See A.9.b.)

Standard of Practice Six (SP-6):

Advance Understanding of Fees. Counselors must explain to clients, prior to their entering the counseling relationship, financial arrangements related to professional services. (See A.10. a.-d. and A.11.c.)

Standard of Practice Seven (SP-7):

Termination. Counselors must assist in making appropriate arrangements for the continuation of treatment of clients, when necessary, following termination of counseling relationships. (See A.11.a.)

Standard of Practice Eight (SP-8):

Inability to Assist Clients. Counselors must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a client. The counselor may assist in making an appropriate referral for the client. (See A.11.b.)

SECTION B: CONFIDENTIALITY

Standard of Practice Nine (SP-9): Confidentiality Requirement.

Counselors must keep information related to counseling services confidential unless disclosure is in the best interest of clients, is required for the welfare of others, or is required by law. When disclosure is required, only information that is essential is revealed and the client is informed of such disclosure. (See B.1. a.+f.)

Standard of Practice Ten (SP-10): Confidentiality Requirements for Subordinates.

Counselors must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates. (See B.1.h.)

Standard of Practice Eleven (SP-11): Confidentiality in Group Work.

Counselors must clearly communicate to group members that confidentiality cannot be guaranteed in group work. (See B.2.a.)

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Standard of Practice Twelve (SP-12):
Confidentiality in Family Counseling.

Counselors must not disclose information about one family member in counseling to another family member without prior consent. (See B.2.b.)

Standard of Practice Thirteen (SP-13):
Confidentiality of Records.

Counselors must maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of counseling records. (See B.4.b.)

Standard of Practice Fourteen (SP-14):
Permission to Record or Observe.

Counselors must obtain prior consent from clients in order to record electronically or observe sessions. (See B.4.c.)

Standard of Practice Fifteen (SP-15):
Disclosure or Transfer of Records.

Counselors must obtain client consent to disclose or transfer records to third parties, unless exceptions listed in SP-9 exist. (See B.4.e.)

Standard of Practice Sixteen (SP-16):
Data Disguise Required.

Counselors must disguise the identity of the client when using data for training, research, or publication. (See B.5.a.)

SECTION C: PROFESSIONAL RESPONSIBILITY

Standard of Practice Seventeen (SP-17):
Boundaries of Competence.

Counselors must practice only within the boundaries of their competence. (See C.2.a.)

Standard of Practice Eighteen (SP-18):
Continuing Education.

Counselors must engage in continuing education to maintain their professional competence. (See C.2.f.)

Standard of Practice Nineteen (SP-19):
Impairment of Professionals.

Counselors must refrain from offering professional services when their personal problems or conflicts may cause harm to a client or others. (See C.2.g.)

Standard of Practice Twenty (SP-20):
Accurate Advertising.

Counselors must accurately represent their credentials and services when advertising. (See C.3.a.)

Standard of Practice Twenty-One (SP-21):
Recruiting Through Employment.

Counselors must not use their place of employment or institutional affiliation to recruit clients for their private practices. (See C.3.d.)

Standard of Practice Twenty-Two (SP-22):
Credentials Claimed.

Counselors must claim or imply only professional credentials possessed and must correct any known misrepresentations of their credentials by others. (See C.4.a.)

Standard of Practice Twenty-Three (SP-23):
Sexual Harassment.

Counselors must not engage in sexual harassment. (See C.5.b.)

Standard of Practice Twenty-Four (SP-24):
Unjustified Gains.

Counselors must not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.5.e.)

Standard of Practice Twenty-Five (SP-25):
Clients Served by Others.

With the consent of the client, counselors must inform other mental health professionals serving the same client that a counseling relationship between the counselor and client exists. (See C.6.c.)

Standard of Practice Twenty-Six (SP-26):
Negative Employment Conditions.

Counselors must alert their employers to institutional policy or conditions that may be potentially disruptive or damaging to the counselor+s professional responsibilities, or that may limit their effectiveness or deny clients' rights. (See D.1.c.)

Standard of Practice Twenty-Seven (SP-27):
Personnel Selection and Assignment.

Counselors must select competent staff and must assign responsibilities compatible with staff skills and experiences. (See D.1.h.)

Standard of Practice Twenty-Eight (SP-28):
Exploitative Relationships With Subordinates.

Counselors must not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. (See D.1.k.)

SECTION D: RELATIONSHIP WITH OTHER PROFESSIONALS

Standard of Practice Twenty-Nine (SP-29):
Accepting Fees From Agency Clients.

Counselors must not accept fees or other remuneration for consultation with persons entitled to such services through the counselor+s employing agency or institution. (See D.3.a.)

Standard of Practice Thirty (SP-30):
Referral Fees.

Counselors must not accept referral fees. (See D.3.b.)

SECTION E: EVALUATION, ASSESSMENT AND INTERPRETATION

Standard of Practice Thirty-One (SP-31):
Limits of Competence.

Counselors must perform only testing and assessment services for which they are competent. Counselors must not allow the use of psychological assessment techniques by unqualified persons under their supervision. (See E.2.a.)

Standard of Practice Thirty-Two (SP-32):
Appropriate Use of Assessment Instruments.

Counselors must use assessment instruments in the manner for which they were intended. (See E.2.b.)

Standard of Practice Thirty-Three (SP-33):
Assessment Explanations to Clients.

Counselors must provide explanations to clients prior to assessment about the nature and purposes of assessment and the specific uses of results. (See E.3.a.)

Standard of Practice Thirty-Four (SP-34):
Recipients of Test Results.

Counselors must ensure that accurate and appropriate interpretations accompany any release of testing and assessment information. (See E.3.b.)

Standard of Practice Thirty-Five (SP-35):
Obsolete Tests and Outdated Test Results.

Counselors must not base their assessment or intervention decisions or recommendations on data or test results that are obsolete or outdated for the current purpose. (See E.11.)

SECTION F: TEACHING, TRAINING, AND SUPERVISION

Standard of Practice Thirty-Six (SP-36):
Sexual Relationships With Students or Supervisees.

Counselors must not engage in sexual relationships with their students and supervisees. (See F.1.c.)

Standard of Practice Thirty-Seven (SP-37):
Credit for Contributions to Research.

Counselors must give credit to students or supervisees for their contributions to research and scholarly projects. (See F.1.d.)

Standard of Practice Thirty-Eight (SP-38):
Supervision Preparation.

Counselors who offer clinical supervision services must be trained and prepared in supervision methods and techniques. (See F.1.f.)

Standard of Practice Thirty-Nine (SP-39):
Evaluation Information.

Counselors must clearly state to students and supervisees in advance of training the levels of competency expected, appraisal methods, and timing of evaluations. Counselors must provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program. (See F.2.c.)

Standard of Practice Forty (SP-40):
Peer Relationships in Training.

Counselors must make every effort to ensure that the rights of peers are not violated when students and supervisees are assigned to lead counseling groups or provide clinical supervision. (See F.2.e.)

Standard of Practice Forty-One (SP-41):
Limitations of Students and Supervisees.

Counselors must assist students and supervisees in securing remedial assistance, when needed, and must dismiss from the training program students and supervisees who are unable to provide competent service due to academic or personal limitations. (See F.3.a.)

Standard of Practice Forty-Two (SP-42):
Self-Growth Experiences.

Counselors who conduct experiences for students or supervisees that include self-growth or self-disclosure must inform participants of counselors+ ethical obligations to the profession and must not grade participants based on their non-academic performance. (See F.3.b.)

Standard of Practice Forty-Three (SP-43):
Standards for Students and Supervisees.

Students and supervisees preparing to become counselors must adhere to the Code of Ethics and the Standards of Practice of counselors. (See F.3.e.)

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SECTION G: RESEARCH AND PUBLICATION

Standard of Practice Forty-Four (SP-44): Precautions to Avoid Injury in Research.

Counselors must avoid causing physical, social, or psychological harm or injury to subjects in research. (See G.1.c.)

Standard of Practice Forty-Five (SP-45): Confidentiality of Research Information.

Counselors must keep confidential information obtained about research participants. (See G.2.d.)

Standard of Practice Forty-Six (SP-46): Information Affecting Research Outcome.

Counselors must report all variables and conditions known to the investigator that may have affected research data or outcomes. (See G.3.a.)

Standard of Practice Forty-Seven (SP-47): Accurate Research Results.

Counselors must not distort or misrepresent research data, nor fabricate or intentionally bias research results. (See G.3.b.)

Standard of Practice Forty-Eight (SP-48): Publication Contributors.

Counselors must give appropriate credit to those who have contributed to research. (See G.4.a. and G.4.b.)

SECTION H: RESOLVING ETHICAL ISSUES

Standard of Practice Forty-Nine (SP-49): Ethical Behavior Expected

Counselors must take appropriate action when they possess reasonable cause that raises doubts as to whether counselors or other mental health professionals are acting in an ethical manner. (See H.2.a.)

Standard of Practice Fifty (SP-50): Unwarranted Complaints.

Counselors must not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a mental health professional rather than to protect clients or the public. (See H.2.f.)

Standard of Practice Fifty-One (SP-51): Cooperation With Ethics Committees.

Counselors must cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. (See H.3.)

REFERENCES

The following documents are available to counselors as resources to guide them in their practices. These resources are not a part of the Code of Ethics and the Standards of Practice.

American Association for Counseling and Development/Association for Measurement and Evaluation in Counseling and Development. (1989). The responsibilities of users of standardized tests (rev.). Washington, DC: Author.

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